

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 5 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification or maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate MAILING ADDRESS for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

MARTIN L. FAIGUS
12TH FLOOR, SEVEN PENN. CENTER
1635 MARKET STREET
PHILADELPHIA, PA 19103-2212

2. INVENTOR(S) ADDRESS/CHANGE (Complete only if there is a change)

INVENTOR'S NAME
Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
03-0075 3907	03/26/94	007	MCCARTHY, N	12/15/94
First Named Applicant	ANNABELLE			
TITLE OF INVENTION				
SYSTEMS AND METHODS FOR CLARIFYING LIQUIDS (AS AMENDED)				

ATTY'S DOCKET NO.	CLASS/SUBCLASS	BATCH NO.	APPL TYPE	SERIAL NO.	ISSUE DUE	DATE DUE
03-0075 3907	03-0075	007	UTILITY	03-0075 3907	03/15/94	03/15/94

3. Further correspondence to be mailed to the following:

Martin L. Faigus
Caesar, Rivise, Bernstein, Cohen &
Pokotilow, Ltd.
12th Floor-Seven Penn Center
1635 Market Street
Philadelphia, PA 19103-2212

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Caesar, Rivise,
Bernstein, Cohen
2 Pokotilow, Ltd.

VB20135 03/02/94 08038590

DO NOT USE THIS SPACE

03-0075 020 242

585.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Roberts Filter Manufacturing Company

(2) ADDRESS: (City & State or Country)

Darby, Pennsylvania

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Commonwealth of Pennsylvania

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-0075

(Enclose Part C)

☒ Issue Fee ☐ Advanced Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

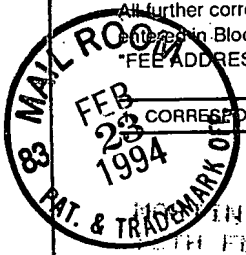
2/6/94

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or, thereafter, See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS MARTIN L. FAIGUS 12TH FLOOR, SEVEN PENN. CENTER 1635 MARKET STREET PHILADELPHIA, PA 19103-2212		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP/ART UNIT	DATE MAILED
03/03/93	03/26/93	007	MCARTHY, N	1208 12/15/93
First Named Applicant: ANNABELLE (e1w1a00)				
TITLE OF INVENTION: SYSTEMS AND METHODS FOR CLARIFYING LIQUIDS (AS AMENDED)				

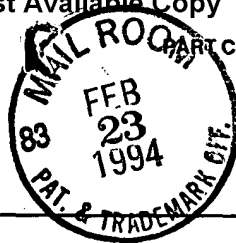
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN TYPE	SMALL ENTITY	FEE DUE	DATE DUE
210-094-000	14E	UTILITY	YES	03/15/94		

3. Further correspondence to be mailed to the following: Martin L. Faigus Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd. 12th Floor-Seven Penn Center 1635 Market Street Philadelphia, PA 19103-2212	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	1 Caesar, Rivise, Bernstein, Cohen 2 3 Pokotilow, Ltd.
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10)	
(1) NAME OF ASSIGNEE: Roberts Filter Manufacturing Company		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 03-0075 (Enclose Part C)	
(2) ADDRESS: (City & State or Country) Darby, Pennsylvania		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Commonwealth of Pennsylvania		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		(Signature of party in interest of record) 2/16/94 (Date)	
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PART C - CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

MARTIN L. FRIED
 1111 11th Street, NW
 Washington, DC 20004

DATE 12/11

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
03-0075	02/23/94	001	MP/ENTH/11	02/23/94
First Named Applicant: <u>MARTIN L. FRIED</u>				
TITLE OF INVENTION: <u>NEW METHODS FOR CLARIFYING LITERALS (AS APPLICABLE)</u>				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
03-0075	01	001	01			

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2a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies _____
 (Minimum of 10)

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-0075

☒ Issue Fee ☐ Advanced Order - # of Copies _____
☒ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Martin L. Fried 2/24/94

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TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

Certificate of Mailing

I hereby certify that this correspondence is being deposited with
the United States Postal Service with sufficient postage as first class
mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231



on February 16, 1994
(Date)

Martin L. Faigus

(Name of person making deposit)

(Signature)

February 16, 1994

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the
Issue Fee. This certificate cannot be used for any other accompanying
papers. Each additional paper, such as an assignment or formal drawings,
must have its own certificate of mailing.

1. Name of Applicant 2. Address of Applicant 3. City, State, and Zip 4. Name of Invention 5. Date of Invention	6. Name of Agent 7. Address of Agent 8. City, State, and Zip 9. Name of Attorney 10. Address of Attorney 11. City, State, and Zip
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12. Name of Assignor 13. Address of Assignor 14. City, State, and Zip 15. Name of Assignee 16. Address of Assignee 17. City, State, and Zip	18. Name of Assignor 19. Address of Assignor 20. City, State, and Zip 21. Name of Assignee 22. Address of Assignee 23. City, State, and Zip
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This form is estimated to take 20 minutes to complete. Time will vary
depending upon the needs of the individual applicant. Any comments on
the amount of time you require to complete this form should be sent to the
Office of Management and Organization, Patent and Trademark Office,
Washington, D.C. 20231 and to the Office of Information and Regulatory
Affairs, Office of Management and Budget, Washington, D.C. 20503.